

**FEE TRANSMITTAL**

Application Number 10/667,928 Art Unit 1743  
Filing Date September 22, 2003 Confirmation No. 1620  
Inventor(s) William K. Kappel et al.  
Examiner Name Monique T. Cole  
Attorney Docket Number SGM 6945.4 (SIG0431)

[ ] Applicant claims small entity status.

**METHOD OF PAYMENT**

[ ] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

**FEE CALCULATION**

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2. [ ] EXCESS CLAIM FEES

Total Claims \_\_\_\_ - \_\_\_\_ (HP) = \_\_\_\_ x Fee \_\_\_\_ = \$ \_\_\_\_  
Indep Claims \_\_\_\_ - \_\_\_\_ (HP) = \_\_\_\_ x Fee \_\_\_\_ = \$ \_\_\_\_  
Multiple Dependent Claims Fee \$ \_\_\_\_  
(HP = highest number of claims paid for)

Subtotal (2) \$ \_\_\_\_\_

3. [ ] APPLICATION SIZE FEE

Total Pages \_\_\_\_ - 100 = \_\_\_\_ ÷ 50 = \_\_\_\_ x \$250 = \$ \_\_\_\_  
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ \_\_\_\_\_

4. [X] OTHER FEE(S)

[X] one month extension of time  
[ ] Information disclosure statement  
[ ] 37 CFR 1.17(q) processing fee  
[ ] Non-English specification  
[ ] Notice of Appeal  
[ ] Filing a brief in support of appeal  
[ ] Request for oral hearing  
[ ] Other: \_\_\_\_\_

Subtotal (4) \$ 120.00

**TOTAL AMOUNT OF PAYMENT** \$ 120.00

Edward J. Hsilek, Reg. No. 31,525  
Telephone: 314-231-5400

March 15, 2005  
Date

EJH/sxm/dep  
Express Mail Label No. EV 453250845 US

04/19/2005 HTECKLU1 00000071 10667928  
01 FC:1251 120.00 DP

